STATE OF NEW HAMPSHIRE

2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 28 2017

PLEASE PRINT	00L L 0 2011
PLEASE PRINT	NEW HAMPSHIRE
I. Name of Lobbyist(s) Poter Vajovi ch	DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	
Consumer Specialty Products Associ	ation
(Name of partnership, firm or corporation)	20006
1667 K St NW Washington	(State) (Zip Code)
Business Address: (Street) (Town/City)	-mail 2 vu jour in a cspa.org
(202) <u>833 - 730 8</u> ()e	-mail Jva Jor correct Spar.
III. This statement covers: (Choose one – file separate reports for each cl reportable expense transactions which are not attributable to any one cli	ent).
☐ All reportable transactions occurring in the months prior to the reporting	
(Full Name of Client as it appears on the Lobbyist Registra OR	tion Form)
All reportable transactions by the lobbyist (including the lobbyist's family unrelated to any particular client.	y), or the lobbying firm listed below which are
Reports cover: activity from date of registration to 3/31/16 activity from	27, 2016 X n 4/1/16 to 6/30/16
*******	nary 25, 2017
V. There have been no fees received and no reportable transaction If this box is checked, complete just this form and submit it to the Secretary of Concord, NH 03301.	ns made since the last report. State's Office, State House, Room 204,
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendu	m A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file A Expense Reimbursement	
If you, your firm, or your family has made political contributions, you m	nust file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear and complete to the best of my knowledge and belief.	or affirm that the foregoing information is true 7/2/6/17
(Signature of lobby)ist)	(Date)
Peter Vicjovich	
(Print Name of lobbyist)	